

CAMP VERDE MUNICIPAL COURT  
473 S. Main St., Suite 107, Camp Verde, AZ 86322

NCIC AZ013071J DPS 1354  
Phone (928)567-6635

<b>Plaintiff / Plaintiff Employer</b> (Work Injunction ONLY) Birth Date: _____	<b>Defendant</b> _____ Address _____ City, State, Zip Code, Phone _____	<b>Case No.</b> _____  <b>PETITION for</b>  <input type="checkbox"/> <b>Order of Protection</b> <input type="checkbox"/> <b>Injunction Against Harassment</b> <input type="checkbox"/> <b>Workplace Injunction</b>
Agent's Name (Work Injunction ONLY)		

**DIRECTIONS: Please read the Plaintiff's Guide Sheet before filling out this form.**

- Defendant/Plaintiff Relationship: ☐ Married now or in the past ☐ Live together now or lived together in the past,  
☐ Child in common ☐ One of us pregnant by the other ☐ Related (Parent, In-law, Brother, Sister or Grandparent) ☐ Dating-never lived together  
☐ Other: \_\_\_\_\_
- ☐ If checked, there is a pending action involving maternity, paternity, annulment, legal separation, dissolution, custody, parenting time or support in \_\_\_\_\_ Superior Court,  
Case #: \_\_\_\_\_ (COUNTY)
- Have you or the Defendant been charged or arrested for domestic violence OR requested a Protective Order?  
☐ Yes ☐ No ☐ Not sure  
If yes or not sure, explain: \_\_\_\_\_
- I need a Court Order because: (PRINT both the date(s) and briefly what happened):

Date(s)	Describe what happened (Attach additional paper if necessary – Do not write on back)

Case No. \_\_\_\_\_

5. The following persons should also be on this Order. As stated in number 4, the Defendant is a danger to them:

_____	(__/__/__)	_____	(__/__/__)
	Birth Date		Birth Date
_____	(__/__/__)	_____	(__/__/__)
	Birth Date		Birth Date

6. Defendant should be ordered to stay away from these locations, at all times, even when I am not present:

☐ Home \_\_\_\_\_

☐ Work \_\_\_\_\_

☐ School/Others \_\_\_\_\_

7. ☐ If checked, because of the risk of harm, order the defendant NOT to possess firearms or ammunition.

8. ☐ If checked, request an order for the Defendant to participate in domestic violence counseling or other counseling.

9. Other: \_\_\_\_\_

Under penalty of perjury, I swear or affirm the above statements are true to the best of my knowledge, and I request an Order / Injunction granting relief as allowed by law.

\_\_\_\_\_  
Plaintiff

Attest: \_\_\_\_\_  
Judicial Officer/ Clerk / Notary      Date